

# **Outpatient Hospital Capped Fee Schedule Project Development Initial Status Meetings**

**Date/Time:** \_\_\_\_\_

**Place:** \_\_\_\_\_

**Attendees:**

**AHCCCS:**

## **Health Plan/Program Contractor:**

***Executive Management Representative***

***Project Manager*** – overall responsibility for the project; monitor the work plan and the status

***Technical Resource*** – involved in designing and coding system solution

***Policy Resource*** – involved in billing procedures/policies, policies including resolution of edits/exceptions

***Testing/Implementation Resource*** – involved in developing testing/implementation plans

## **Agenda:**

- I. Introductions
- II. Review Health Plan/Program Contractor Project Organization and Staffing (please provide organizational chart with names of key contacts)
- III. Review Project Plan (please provide copy\* of work plan with tasks, assignments, and dates)
- IV. Review Project Status (review of first Status Report submitted to AHCCCS)
- V. Review Project Deliverables (please provide copy\* of key project deliverables to date – requirements analysis, design documents, contract amendments/work orders/change requests for contractor/systems staff, policies and procedures updates, test plans, etc.)
- VI. Discussion of Issues/Challenges (please provide copy\* of issues tracking reports)
- VII. Conclusion and Next Steps

\*Note that one copy for the meeting to pass around is sufficient.